

Understanding How Family Stress and Trauma Impacts Home Visitors

Emmy: Get started, and I'd love to turn it over now to Jan Williams and Dr. Gurwitch and have them tell just a little bit about themselves and get started on today's presentation. Thanks so much, Jan and Dr. Gurwitch.

Robin Gurwitch: Thanks, Emmy. This is Robin. Dr. Gurwitch sounds way too formal. I think my mother is really the only one that cares about that kind of stuff. We are so excited to be here with y'all today. Jan and I were looking at who's here, and y'all are from all over, and we were saying that that at least says to us that this is a topic that you appreciate is an issue for home visitors. So I am a psychologist at Duke University Medical Center and the Center for Child & Family Health, and I've been involved in work with families that have been impacted by trauma, substance abuse, and other issues for most of my professional career and have spent quite a bit of time in the last probably decade and a half focused on reducing secondary traumatic stress in those of us that take care of the children and families across the country.

Jan Williams: And my name is Jan Williams. I've been part of the home-visiting world, primarily in the healthy families world, for 20 years. I've been a home visitor, a program manager, and a supervisor, and in addition, my office mate presently is program manager of the Early Head Start-Home Visiting program here, so I frequently hear about the challenges of Early Head Start-Home Visiting. So I hope today we can give you some tools to deal with those challenges.

Robin: So as we get started, Jan and I will sort of be back and forth, and we're going to try and push a whole lot of information in a very short period of time. Today, our objective, if I figure out -- make sure I advance slides correctly. Ah, there. So our session objective is to be able... By the end of this presentation, y'all should be able to define what secondary traumatic stress is and at least list some of the symptoms of STS. You'll be able to understand why it's important for you to be on this call and for home visitors to know about STS and understand some strategies to prevent STS within the home-visitor visiting program. So what are we going to do in the next hour together? We're going to define what we're talking about. We're going to talk about the difference between burnout and STS, because those two terms are often interchanged.

We're going to talk about who's most at risk and why this is important for home visitors. We'll spend just a minute on the Professional Quality of Life Scale. This is a measure that you can find for free if you just Google "Professional Quality of Life." It's free in a million different languages. You can download it and take it, and it gives you a way to score and get an idea for yourself where are you in your STS, burnout, and your job satisfaction. We'll talk about how to reduce STS in your program, and then, finally, we'll talk about some mindfulness and self-care strategies. So let's start right away and define STS. So this definition is the experience of short-term exhaustion and traumatic stress reactions associated with exposure to the suffering of one's clients.

Basically, what this means is you care too much about the families that you work with, and because of your compassion, the stories that they share become part of your fabric and your being, and you begin to have some of the same issues that you see in your families. More than likely, 26 percent of home visitors will show some signs of STS, and about 50 percent of child-welfare workers show these signs, but you know what? Really, child-welfare workers sometimes and Head Start-Home Visiting programs, there's some differences, but there's also a lot of similarities in listening to the stories and working with people in great need. The good news is that, though STS can intrude into our work, there are also

successful strategies to prevent it and to treat it, so we're going to be talking about how to effectively dump the STS bucket.

Jan: Well, first, let's talk a little bit about the difference between burnout and STS, because sometimes people do get them confused. Burnout is related to your relationship to your work, to the institution, to your agency. So if you're experiencing burnout, you probably want to take a look at your work environment. Can you change your job description? Can you tweak it in some way to make it a little more interesting? Do you need to take a break? Has it been a while since you've had a vacation? Is there a way you can add some continuing education, some ways to spice up your life? Those are some of the things that you can do with burnout. Now, STS is different. It's related to your relationship to the families that you serve, and in some ways, it's similar to what we call PTSD, which is post-traumatic stress disorder. Now, post-traumatic stress disorder occurs when you actually witness or experience a trauma. STS is when we indirectly experience it through the trauma of the families that we serve, but the amazing thing is that some of the symptoms are very, very similar, and we're going to be talking about the symptoms in just a minute, but home-visiting programs really struggle with both burnout and STS, and both of these can lead to staff turnover.

You know, research shows that staff turnover directly contributes to our families dropping out, which that's no surprise to you. I know, in our home-visiting program, when we lose a home visitor, we lose about half of the families on the case list, and also, when a home visitor leaves, we find it takes up to 6 months, really, to rehire, retrain, build that case load back up. So STS, really reducing the risk of STS, can improve the stability of our programs. So let's talk a little bit about how you know if you have STS. Now, before I start, I do want to say that we're not just talking about having a bad day, but we're talking about having a number of bad days in a row. So in other words, it's when you look in the mirror and you say, "Gosh. Who is this person? I just seem different," or other people start saying to you, you know, "What's wrong with you? You just seem different." So let's take a look at some of these symptoms. First, chronic exhaustion. You just feel like you don't have the time and energy to do all that needs to be done. You may feel overwhelmed, overloaded. Next, disconnection or empathic numbing, and this is where you feel so overwhelmed that you really just shut down, and you may feel like you've lost your empathy, and you know, as I know, as home visitors, when we lose our empathy, we lose our connection to families, and we lose our effectiveness. Next, social withdrawal. You might find that you're turning down social engagements. You're withdrawing from intimacy, maybe even from your family. You may feel isolated.

You might feel detached from friends, or you might feel alienated from your colleagues. Next, insensitivity to violence or injustice. This is where you just become immune to the day-to-day experiences of the families that you serve, or the opposite, and actually this is what I see more in our home visitors, is they experience hypersensitivity, and that's where they just feel very vulnerable and unsafe, and it makes it very hard to go out into the community and complete those home visits. Next, loss of creativity. I mean, many of us came into this work because we really have a passion for working with families. You may find that you feel like you've lost your edge. You've lost your creativity. You feel a flatness. Next, avoidance. You know and I know how much energy it takes to do outreach to families when you're in a home-visiting program, so you might find that your way of avoiding families is just not to do that outreach, and that means that your productivity is going to go down. You might fear that you just don't want to knock on the door because you're afraid the problems are just too big and you won't be able to handle them. So next is boundaries, and I have to say that this is the one that I see most frequently in the home visitors I work with, and this is where you're just preoccupied with thoughts of your families outside of work. I've heard my home visitors call it a movie in their head that

they just can't shut off. You also might be spending more time at work. You might take work home, and you might take it really personally when a parent struggles, even though it has nothing to do with you. You may start having nightmares about your families, sleep disturbances, and I have to say that if you're having nightmares about your families that that is really a risk flag for STS.

Robin: Next, you may experience anger, guilt or even cynicism, and you may have intense emotional responses, including feeling more guilty or enraged or sad about the families you work with, and these feelings seem to linger, and you begin to think none of what you're doing is going to work. You may think there's no hope, and cynicism can feed on itself and become quite contagious, so you may become depressed and, as Jan mentioned before, really have a loss of pleasure or some apathy and despairing that things won't get better, and it affects your work with your families, as well as your work and your interaction with others. Then, we see diminished self-care. You or your friends or your family begin to notice that you're just not taking care of yourself the way you used to. You may be less concerned about exercising, even your physical appearance, that people begin to notice that. So what do all these things have in common? One, it gets in our body, and it can lead to illness. You may begin to experience more pain or illnesses. It's your body's way of telling you that it's overwhelmed. Remember that an excess of stress hormones over time can really affect your immune system, even if you've had the flu shot. And then, finally, we think about survival coping. So instead of going to that happy hour once a week, it becomes a daily ritual on the way home, or even after you get home, one glass of wine leads to two or more. When your coping mechanisms are significantly challenged and overwhelmed, we also experience symptoms similar to those of the children and families that we serve, and this information comes from the National Child Traumatic Stress Network's "Think Trauma."

Jan: All right. Now, we want to take a minute to reflect. Why do you think that home visitors are particularly vulnerable to STS? And I'll give you a hint. Home visitors are more vulnerable to STS, but I'd like for you to take a minute to reflect and type your response in the chat box. Why do you think home visitors are more at risk for STS? Take a minute now and type your answer.

Robin: Y'all got it. I know you're all thinking, "I went into home visiting because of all the money," but really what we're seeing that you're all typing is because you care.

Jan: Oh, and I see so many things. I can see that you really live home visiting. "Because we're in the homes, we're out there all alone. We get so close to the families. It's harder to keep our boundaries. It's harder to connect to our teams."

Robin: "Lots of case load, lots of paperwork."

Jan: "Lots of paperwork." I think that you live the same lives that we live.

Robin: Yeah.

Jan: Well, let's take a look at what the research shows. This is what you experientially know, but let's take a look at what the research shows us about the factors that increase the risk of STS, and you're certainly going to see yourself and home visitors in this list. First, when you work with families with multiple stresses, it puts you more at risk for STS, and that's all of us, because families that are in Early Head Start tend to be families with multiple stressors. Also, when you hear stories of intense suffering, it puts you more at risk. I know I read the intakes in our home-visiting program, and I would say 80

percent or more have significant trauma histories, and that just puts us more at risk to soaking up that trauma.

Robin: So when we think about our own, what do we bring into our home visiting, one, all of us have our own history, and if we have any personal traumas that are similar in any way to the families we work with, that can increase our risk for STS. Interestingly, if you're new to home visiting, the research shows you need a little extra support, or if you've been doing this for a long time, you may need some emotional support because your bucket is getting awfully, awfully heavy to tote around. That doesn't mean you shouldn't be doing this work. You may be even better at this work because you've been doing it or because you've just entered after learning all about it, but there's a possibility that our own history gets stirred up with our clients' stories, so we need to stay aware and talk this over in supervision. I think that's incredibly important. Your supervisors, we'll talk a little bit later about reflective supervision, but that is so important to helping to manage STS, and then empathy, empathy is a two-sided coin. It makes us really good at what we do, but it also makes us like sponges, soaking up all the information and the trauma that we hear and hear from others, and I want to just point out the last bullet on this slide, the lack of awareness of STS. If we don't know about it, it can creep up on us super easily, and so the fact that you're on this call lets us know that you recognize that this is something that we have to talk about.

Jan: Also, your job environment can increase the risk of STS. The research shows, and I find this very interesting, that it's not the number of families on the case load that causes or increases the risk of STS, but it's the percentage of families that have trauma history or ongoing trauma. So if you have a lot of families on your case load that have trauma, that's going to increase your risk. Also, you see lack of connection, peer support, isolation. That's one of the battles that we fight in home visiting because we're out in the field most of the time. It's easy to feel isolated, and it's harder to stay connected to your team.

Robin: Jan and I mentioned the ProQOL earlier, and this was developed by Beth Stamm, and you can see the link online. It was developed from data from around 3,000 people. It's been translated into over 17 languages. Like I said, it's free. It takes about 8 minutes to take and to score, and it gives you an idea of where are you starting from, and this is something that's really just for you so that you have an idea of, if you're doing great, "How do I stay doing well? If I'm having some challenges, what can I do about it?" So we recommend that you go ahead at some point and take this screening tool as a starting point, but that'll give you an idea of where you are related to what we're talking about today. So when we think about self-care strategies throughout this presentation, we're going to think about how stressed you feel, so let's stop and just take a minute for a quick stress reliever that you can use on the job. So we call these the shoulder shrugs because sometimes it feels like we really do carry the weight of the world on our shoulders. So what we want to do is, as you inhale, lift your shoulders up to your ears and hold it, and as you exhale, drop them down. So inhale and lift your shoulders. Exhale and drop your shoulders, and inhale, and exhale, and inhale, and exhale. So that's something that you can do whether you're in your car, whether you're standing in line at the grocery store, just finding those ways to just let the weight of the world drop off just for a second. The good news is, as we go forward, we're going to talk about how do we dump that bucket, how do we lower our scores on the ProQOL so we're doing better, and how do we prevent STS from creeping up.

So we're going to do that by three things: awareness, balance, and connection. So when we think about awareness, awareness has to start from the top. It involves everybody. So when we think about

STS, y'all can type in. Why do you think that leadership needs to be involved? What are your ideas around that?

Jan: Why is that important for leadership to be involved? Type that in the chat box right now.

Robin: Yeah. So a lot of you have typed some of the same kinds of things, that if your leadership is involved, they give support. They can help with retention. They can help with the environment of the agency. They have great influence over the climate, and if your leadership isn't aware of STS, then guess what? If you're struggling with STS or you recognize that you're at risk, which all of you have done, but your leadership says, "Eh, don't worry about that," that can become a problem. When we talk about awareness, STS should be the thread all the way through the program, from orientation to continuing ed to supporting self-care plans and regular supervision. For example, our agency started a wellness committee that Jan has really spearheaded for quite some time that's changing the culture of our entire agency. We plan salad days, sponsor exercise challenges. We have walking groups, even yoga classes. Nothing fancy, nothing that takes a lot of effort, but it's being communicated to staff that, "Hey, guess what? Even if you don't get involved in all these, we're there for you, we're going to take an interest in your own self-care, we value you, and we value your wellness." A recent study on organizational culture in home-visiting programs showed that an empowering, efficient, organizational culture is really critical to successful home visiting, service delivery, and staffing.

Jan: All right. We've talked about awareness. Let's talk a little bit about balance. First, let's talk about managing case loads. Now, I know, as a supervisor, I was tempted to assign all the families who were experiencing trauma to my most experienced home visitor, and then I realized that's a surefire way to sink a home visitor, and I'm more careful to try to balance the case loads now, but I know because, like I told you, I have a roommate who is an Early Head Start program manager. I know in Head Start and Early Head Start, you may not have the luxury to balance case loads because you may have to assign the next family that comes up on the list to whoever has a vacancy. So because of that, I want to share with you what I learned from a home visitor when Robin and I recently did a workshop in Alabama. She had an epiphany. During the workshop, a light bulb went off for her. She realized that she was seeing her families based on geography because she was trying to save wear and tear on her car and save time, but she realized she was seeing four of her highest-trauma families back to back on the same day because they lived in the same neighborhood, the same area of town, and she said she realized that that was just taking her down, so she decided to spread out those families throughout the week, even though it meant more driving time for her, but she was absolutely certain that it would help her mental health, and I wish I could talk to her now because I'd love to hear the outcome of her experiment, but I am fairly certain that she is feeling less stressed. So the next area of balance that we will talk about.

Sorry. There we go. The next area of balance is really balancing this very difficult work with humor and fun, and in our program, one thing we do is we do quarterly team days, and I would just highly recommend this as a strategy. We meet away from the office. We usually do a potluck lunch. We do something fun like a scavenger hunt or relay races, might do an arts-and-crafts activity. We laugh a lot. We also celebrate birthdays quarterly, go out to lunch or breakfast occasionally, and at the beginning of our staff meeting, we have a time to update on personal lives. One more area of balance is balancing work and home. Think about ways to leave work at work, things like turning off your work cellphone at night or weekends, not checking e-mail at night, letting go of that movie in your head, trying to let go of thoughts about your families. Some of my home visitors have told me that one thing that works for them is that they write down their worries and concerns about the families before they

leave the office, and they leave that piece of paper at their desk, and this gets the worries out of their heads and really keeps them from taking it home. And finally, continuing education is a wonderful way to get new energy for work and also to prevent STS. So let's talk a little bit about supervision, professional development, and coaching. Robin and I really believe that reflective supervision is the answer. Hold on just a second. We've got to go back a slide to the one that says -- There we go.

Robin: Sorry. I skipped it. I was clicking too fast.

Jan: All right. Now we're with you. We believe that supervision is the key to preventing STS, and the key to supervision is to make some of it reflective, and we know that some supervision has to be administrated. That's true for all home-visiting programs, but it also needs to be reflective. What do we mean by reflective? This is using the definition of ZERO TO THREE. We believe that reflective supervision must examine the thoughts and feelings of the home visitor, not just going over the case, not just talking about the family, but how is the family affecting the home visitor? Secondly, it needs to be collaborative, so it's not just advice giving by the supervisor, but it's really co-creating solutions where the supervisor and the home visitor are working together to come up with solutions to problems, and then, also, it must be regular. In our program, we put a sign on the door that says, "Do not disturb. Supervision." It's protected time, and by the way, there needs to be a door, because one of the things that makes supervision work is that it's confidential, so it also really has got to be confidential. You know, it's amazing.

When you look at the research, home visitors who have more supervision tend to have families who complete more home visits and are enrolled in the program longer. Now, that's amazing. That means that supervision not only benefits us as home visitors, but it benefits our families, and it benefits the stability of our program. So we think it's great that Head Start standards require regular and ongoing supervision. We also think it's great that Head Start standards require professional development and coaching. So if you're a home visitor, try to seek out professional development opportunities that address stress and trauma and families and self-care, and if you're a supervisor, really try to build in some training on how to address stress, how to address trauma. In our program, we do the ProQOL once a year, and we also do self-care plans at least once a year, usually twice a year, and it's just part of our quality-assurance plan. and I do want to say that, in our program, and I think this is important, that the ProQOL should not be forced to be shared with anyone, with any supervisor. It really should be confidential, private information.

Robin: We think that another way to help with prevention of STS is get to know your community, so building community partnerships to facilitate your families' access to additional resources and services when they come up. The more you know, the more you can help your families. So we assign one agency in our community to each staff member, and they stay connected, and they report back to the team, and if a new agency comes into our community, we learn about that and share that with our team, and this seems to add a little bit of spice to their job, and it really provides information to the entire team. We think that directly creating STS-informed organizations can help, so we think it's really important that we connect and think about our community partners. So we had a project here at CCFH where we had a partnership with the police in our community, and trauma began escalating in the break room because workers were starting to tell their stories about their adventures with the police, if you will, and pretty soon, the morale of the place got impacted, and people were avoiding certain areas, and when we started tracking it back, we realized that where everybody that may not be part of the home-visiting program, that may not have been part of this police project, they were being exposed to all of the stories during lunch, which didn't make digestion very easy. So we really had to

put a stop to that and think about boundaries and think about, when you tell your stories, where do you tell the stories? What's the purpose behind telling and sharing that story? And it's really changed the environment of our agency now that we have our lunch place back where people tell jokes and do jigsaw puzzles. So Jan and I want you to just take a minute to reflect.

Out of all the things we discussed, and we realize we're going at a frenetic pace, we would like you to put in your chat box one small thing that you can think about doing at your program to help prevent or diminish STS. So what's one small thing that might be able to be accomplished in your place of work in the next few weeks? And we'll give you a second to type in. Oh, I like some of these. You know, somebody typed in, "Massage." I will tell you that our wellness committee actually got together with trainees in our community that were working to become licensed massage therapists, and they needed to practice, so our wellness committee had them come in, and we entered a raffle for a 15-minute chair massage. As a winner, I can tell you it was really helpful, but all those kinds of things that you put in, movement classes, stress relievers, once-a-month get-togethers, really great. I see Zumba, reflective supervision, reflective supervision, reflective supervision, so that's wonderful.

Jan: I love the things you're typing in too because they're things that can be accomplished. They're not pie in the sky. They're very concrete. They're things that you can do. You can make this happen.

Robin: We had one agency, real quickly, that said, "Okay." Once a month, they were going to get together and just talk about things unrelated to work, family, movies they saw, and they had a jar that if you talked anything about work, you had to put money in the jar, and in the beginning, they had enough in the jar to buy lunch for everybody for the next month, but as they practiced this and realized the importance of it, the money in the jar got less and less, which meant the morale of the agency got better and better.

Jan: Good work, folks. All right. Let's talk a little bit about mindfulness, because when you read the literature on STS, you'll see that mindfulness is always mentioned as an antidote to STS. So what is mindfulness? It's being in the present moment in a relaxed state without judgment, and there are many kinds of mindfulness: yoga, tai chi, prayer, meditation, nature walks, music, art, anything that will bring you into the present moment, slow your mind, slow your breathing. You decide what mindfulness practice will work for you. Now, you notice the word practice because mindfulness takes practice. You can't just pull it out of a hat when you're stressed and you need it. You need to practice it every day so that it starts coming naturally. Mind full or mindful? In addition to feeling less stressed, look at the benefits that practicing regular mindfulness can give you, but remember that word practice. You get the best results when you practice whatever form of mindfulness works for you when you practice it regularly. Then, when you get stressed, you'll be able to pull your trick out of the hat, and it will work for you.

Robin: So we're going to talk a little bit about self-care because if your compassion does not include yourself, then it's incomplete. One of the things Jan and I talk about is that everybody needs their own personal resiliency plan. There are many self-care plans on the Internet. The format really doesn't matter. What's critical is thinking of things that you will actually do to restore yourself and then following through.

Think of all the different areas of your life: physical might be exercise and food, emotional, social, recreational, spiritual, intellectual. Be creative and recognize that everybody's plan is going to be different. What's restoring to one person may be depleting to another. If you told me that a day on

the golf course helps you, I would tell you that would just add to my stress, so we really just need to think about what's renewing for you and recognizing that it's not all the same. Okay. So maybe take a second and type in. What are some thoughts that you might have for your personal resiliency plan?

Jan: What are some things that will work for you to restore you? Let's just type some things in.

Robin: And again, remember, this is just for you, not necessarily for somebody else. Typing happening. When we think about plans, again, recognizing that you need a whole menu because if you say, "Every day, I'm going to take a walk around my building just to go out and have a mindful walk," and it's pouring down rain outside, then you can't take the walk, and so then you think, "Oh, well, okay. I guess I'll just have to wait." So having a menu of things that can be restoring for you can be extremely important as you develop your own self-care.

Jan: Another thing that I've learned from Robin is that it really helps to have an accountability partner, to have someone, whether it be a spouse or a friend or a colleague, that you can check in with to say, "How is it going? How are you doing with your self-care plan?", can be really useful. Some people also like to use checklists and really like to check things off, things that they have accomplished. That's another tool that can be really useful.

Robin: Oh, my connection is lost, so hang on, guys. I've got to figure out how to get back in. This may take just a second. I apologize. I don't know what happened. So, Jan, maybe if you talk about challenges to self-care, I'll get back on.

Jan: We'll talk a little bit about challenges to self-care, and forgive us that we're not able to advance the slide at this moment, but let's think about some of the challenges to self-care. One that I hear a lot is people feeling guilty, like, "I don't deserve self-care." And we all know that that's not true because when we take care of ourselves, then we can be useful to other people. Another thing is believing, "Well, everybody else is doing fine, so I should be doing fine, too." Well, the truth is not everybody else is doing fine. We all need that self-care, and remember earlier when we talked about leadership? If the modeling is not happening from leadership, from our supervisors, from our program managers, we may think that it's not okay in our agency to take care of ourselves. So any supervisors or program managers out there, I hope that you will take note of this. It is going to be really important for you to model self-care for yourself.

Robin: Oh, goodness.

Jan: So we have lost our connection, so we're --

Robin: But hopefully you can still hear us. I'm practicing some breathing on this end and some shoulder shrugging and just patting each other on the back, saying, "It'll be okay. It'll be okay." So it just had...

Emmy: Robin, this is Emmy. Can you hear me?

Robin: I can hear you.

Emmy: Okay. All right. So I can advance your slides, and I think -- You know, the thing is that our system is crowded with all of the participants, which is a wonderful problem to have. So I will advance your slides, and I hope everybody else can continue on with their participation.

Robin: Great. If you can advance to the slide that says, "When to Seek Professional Help."

Jan: Tell us when you're there, Emmy.

Emmy: Okay. Go ahead.

Robin: So as we're winding down, because I know we just have a few more minutes, we wanted to talk about that it is okay, one, to recognize that STS is real, but also to recognize sometimes it truly can overwhelm us. So because of the work you do, because of your risk, recognize that if STS is interfering with your daily life, it really is important to seek out professional help, to talk to somebody that is trained to help reduce this. This is a sign of great strength that you're saying, "Hey, look. The person in the mirror is not the me that I usually am, and so I want to get a little bit of support to get myself back on track and empty that bucket."

Jan: And I will say that there have been times, as a supervisor, when a home visitor and I have decided together that supervision, self-care plans were just not enough, and so I have helped home visitors connect with professional resources in the community, and it has made a huge difference. So, supervisors, that may be part of our jobs is to connect people when necessary to community resources.

Robin: And going back to that connection piece in the community, it is really important to have those resources at hand so that if you find that you need that extra help or, as a supervisor, that you want to help your home visitor find that help, you don't have to start from scratch. You've already established some relationships. You already know who you can use. So, Emmy, if you'll advance the slides to "Useful Resources." Okay.

Jan: Are you there?

Emmy: Can you see it?

Robin: We can't see anything, so I'm trusting you.

Emmy: Okay. We're there.

Jan: Useful Resources. All right. Those of you who are in Head Start and Early Head Start know about ECLKC, and there are some wonderful resources right there on your own website. I love the one on taking care of ourselves, stress and relaxation, so I hope you'll make use of some of these. All right. Emmy, the next slide, please.

Robin: There are great resources that the National Child Traumatic Stress Network puts out, so you can log in at any time. Those are very useful. Particularly, as your family may be dealing with different types of traumatic events, you can find out some information related to those specific issues that may help your home visiting.

Jan: And the "Compassion Fatigue" workbook, I have to say, is the best I have found all-around resource for STS and home-visiting programs. It's available for a reasonable cost online, or perhaps you can get it from your local library, but it is, in my viewpoint, the number-one resource. The Self-Care Starter Kit is all free. It's the University of Buffalo. There are wonderful self-care plans, stress-reduction plans, information about STS, a wonderful free resource. Tools for Peace, that is an app that has short, medium, and long mindfulness meditations on it, and that is a free app. So we hope that we've given you some resources for your toolkit so that you can prevent STS, and we really want to keep you in the field. The work you're doing is so important. You're changing the lives of families.

Robin: Absolutely.

Jan: We want to keep you in this field, and we want you to be effective, happy and healthy. So we're going to hand it back to Emmy now to wrap up.

Emmy: Thanks, Jan. I really appreciate that, and thanks, Robin, Dr. Gurwitch.

Emmy: Thanks so much for your time today. So I also want to thank all of the participants for joining today because we have had really good interaction on the phone call, and I think that makes an important contribution to the overall impact that we have. So I have lost connection to the webinar. Can everybody hear me on the phone?

Robin: We can. My guess is that they may be muted, so we can still hear you.

Emmy: Okay. Well, I'm going to have to wait until I can get back home because one of the things that we were going to do is share the link to the webinar, so I'm not sure exactly what's going on, but one of the things that we can do is we can -- If someone that's facilitating the webinar that's connected, if you could let us know the questions, if you want to go ahead and type your questions into the chat box.

Jan: And we do have a few minutes to answer some questions.

Lauren Baker: Hi, this is Lauren Baker. I'm still connected. Sorry, everybody, for the technical difficulties. Some of the questions that we're getting, one is, "Will this be archived on the ECLKC?" and, yes, we do plan to post this on the ECLKC in upcoming weeks. I'm not seeing any others right now, but if any other people have them, please... Oh, "Will we be able to get a copy of the PowerPoint?" Yes, there is a PDF version in the file-share box underneath the Q&A.

Robin: We just ask that you don't duplicate them and pass them out.

Jan: Any other questions? We'd be delighted to answer.

Robin: It may be that others have lost their connections too. If you think of some, I think you can probably get in touch with Emmy or others, and they can connect you with Jan and me to help respond. Hopefully, this has a place that fits into the work that you do, and we truly appreciate you spending the time with us today.

Emmy: So, Lauren, if you can advance to the last slide, it has the link to the evaluation for this webinar, and, as I said at the beginning, that'll take you to the completion certificate that you'll receive at the

end of that evaluation. Also, I want to make sure that you know about the My Peers home-visiting community. We have about 750 or 800 home visitors that are on the My Peers community that are supporting each other. They're exchanging information, exchanging ideas, and we're going to be posting this webinar onto My Peers and also would like to continue this conversation. I think that in the chat box today you've shared some excellent ideas about ways to take care of yourself when you know that you're working with families that have some stressors and some challenges, and so you shared great ideas today. You've been very involved, and so I'd like to welcome you to continue that involvement on the My Peers home-visiting community. So if we have the evaluation link up, and if there are no more questions coming in, Lauren --

Lauren: Yes, we have the evaluation link up. It is the SurveyMonkey link up at the top of the slide right there. Just a reminder that the slides are available for download in the file share underneath the Q&A, and if you have any further questions, please e-mail us at ecdttl@ecetta.info. Thanks so much, everybody.

Robin: It says something about the evaluation link not working and that the link to the SurveyMonkey requires a sign-in, so I don't know. We're just able to get back on a little bit.

Lauren: Well, then I'll e-mail it out at the end of the webinar for people that are having a hard time accessing it.

Emmy: Okay. So, Lauren, you're going to e-mail the evaluation link out to all the participants today? Okay.

Lauren: I will, yes. Okay?

Emmy: Okay. So thanks, everybody, and we really appreciate the strategies. I know that I was doing the shoulder shrugs and the breathing, and I think that...

Robin: So were we, everybody.

Emmy: I just felt a real change, so, I mean, just that one little technique is so important, and I think that we also saw, you know, in the chat box, the importance of connecting with others, that there's a lot of isolation in home visiting, so we want to make sure that we connect with others, that we have opportunities for supervision and for reflective supervision. So I really thank you all so much for your participation today, and thank you, Jan and Dr. Gurwitch and Robin, for this presentation, so thanks, everybody.

Jan: Wonderful to be here. Thank you so much.

Robin: Yeah, thanks for the opportunity. Y'all have a good rest of your week. Bye.

Emmy: Thanks, Robin. Bye-bye.